REMARKS

Claims 1-8 and 10-26 are pending in the present application. Independent claim 1 has been amended.

In the Advisory Action mailed May 23, 2006, the rejection of claims 1-7 and 10-12 was maintained under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,355,401 to Graves et al. in view of either U.S. Patent No. 5,421,955 to Lau et al. or U.S. Patent No. 5,902,475 to Trozera et al. Also, the rejection of claims 8 and 13-26 was maintained under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,355,401 to Graves et al. in view of either U.S. Patent No. 5,421,955 to Lau et al. or U.S. Patent No. 5,902,475 to Trozera et al., and further in view of U.S. Patent No. 6,763,132 to Freifeld.

The Claims as Amended are Patentable Over Graves in View of Lau or Trozera

Claims 1-7 and 10-12 were rejected under 35 U.S.C. § 103(a) as obvious over U. S. Patent No. 6,355,401 to Graves et al. in view of U.S. Patent No. 5,421,955 to Lau et al or U.S. Patent No. 5,902,475 to Trozera et al. Independent claim 1 has been amended to recite the additional steps of "engaging the lattice structure of struts at the first end of the medical device with the retaining bar to maintain the medical device at a predetermined position relative to the holder," and "identifying a location of at least one strut of the engaged medical device relative to a coating removal laser." Without addressing the propriety of combining these references, the Applicants assert that none of the references disclose or suggest these added claim limitations.

These limitations provide for precise determination of the location of structural elements of the medical device to ensure the medical device is properly aligned to laser ablate the desired target areas. Specifically, the retaining bar engages the medical device by pressing against the lattice structure of the medical device. *See* Specification, ¶ 0025.

None of the cited references discloses or suggests these limitations. Graves generally regards removing electrically insulative coating from a cardiac pacemaker in a specific area to form a "window" to direct an electrical pulse to targeted tissue. *See* Graves, col. 1:40-65. While the Examiner has pointed to a passage in Graves that discusses selective removal of some coating from a medical device (*see* Graves, col. 9:10-29), Graves does not disclose or suggest the steps of "engaging the lattice structure of struts ... with the retaining bar ...," or "identifying a location of at least one strut of the engaged medical device ... ." Graves discloses using a vacuum to hold and position the medical device in the fixture. *See* Graves, col. 4:49-5:6.

Neither Lau nor Trozera, which generally regard removal of an etchant-resistive coating mask to expose surfaces of a medical device prior to a chemical etching process for removal of substrate material (*see* Lau, col. 3:17-27; Trozera, col. 3:1-34), disclose these steps of using a retaining bar to engage a strut and identify the location of the strut. Lau and Trozera generally regard ablating the coating mask as a precursor to the step of forming the struts by removal of substrate material. *See* Lau, Abstract, col. 3:18-24; Trozera, Abstract. Thus, there are no struts existing on the medical devices in Lau or Trozera for a retaining bar to engage when the mask is ablated. Thus, the applicants submit that claims 1-7 and 10-12 are patentable over both references, as well as Graves, alone or in combination.

The Claims are Patentable Over Graves in View of Lau or Trozera, and Freifeld

Claims 8 and 13-26 were rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,355,401 to Graves et al. in view of either U.S. Patent No. 5,421,955 to Lau et al. or U.S. Patent No. 5,902,475 to Trozera et al., and further in view of U.S. Patent No. 6,763,132 to Freifeld. Independent process claim 8 was previously amended to recite the step of

"positioning at least one stent strut relative to the laser based on output from the pattern recognition system." Independent device claim 13 was also previously amended to recite the structural limitations of a pattern recognition system adapted to identify the strut position relative to the laser, and provide output to reposition the strut. The Applicants assert that none of the references discloses or suggests at least the above limitations.

Neither Graves, Lau, nor Trozera discloses or suggests a system that identifies mis-positioned struts based on output, let alone a system that provides corrections to controllers to alter stent positioning relative to a laser based on output for mis-positioned stents. *See generally,* Graves, col. 7:2-36; Lau, col. 7:3-14; Trozera, col. 2:34-35.

Freifeld also fails to disclose or suggest a pattern recognition system adapted to "position[] at least one stent strut relative to the laser based on output from the pattern recognition system." Freifeld uses a pattern recognition system to position a stent image relative to an "anchor pattern"—not to position a stent strut relative to the laser. *See* Freifeld, Abstract; col. 10:13-44. Freifeld generally discloses a linear array electronic camera that creates an electronic line-by-line image of the stent for determining "the conformance of the tube to known dimensional tolerances or analyz[ing] the image for cosmetic or functional defects." *See* Freifeld, Abstract; col. 3:39-41. In other words, Freifeld checks for dimensional tolerances (*e.g.,* strut or wall thickness, surface waviness) against a model anchor pattern. Freifeld does not re-position stents that have been mis-positioned relative to the laser based on any output to ensure accurate ablation, nor does Freifeld provide corrections to the controllers to alter stent positioning relative to a laser. The pattern recognition system in Freifeld merely supplies an "anchor pattern" against which the image of the tube is compared in determining cosmetic and tolerance differences. *Id.*, col. 3:51-54; 10:13-44. To the extent Freifeld "positions" any stent

for comparing its dimensional tolerances, it "positions" the stent image against a model stent pattern, and not relative to a laser based on output, as claimed in claim 8. And it certainly does not "correct positioning of the strut", as claimed in claim 13.

In addition, there is no suggestion or motivation to modify the primary reference of Graves with the pattern recognition feature of Freifeld to identify and position a strut relative to a laser. One of ordinary skill in the art would not look to Freifeld, which discloses a dimensional tolerance checking system, to supply the missing system of altering strut positioning relative to a laser based on corrective output. Moreover, none of the cited references addresses the problem of correcting strut positioning relative to the laser for accurate ablation.

Thus, the applicants submit that claims 8 and 13-26 are patentable over the references either alone or in combination.

CONCLUSION

In view of the preceding remarks, the Applicant respectfully asserts that each of the pending claims are in condition for allowance and, therefore, requests reconsideration and allowance of all pending claims.

The Commissioner is hereby authorized to charge Kenyon & Kenyon LLP Deposit Account No. 11-0600 for any applicable fee.

Should the Examiner require any additional information regarding this Response, the Examiner is invited to contact the undersigned at (202) 220-4200.

Respectfully submitted,

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